

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Edward T. Kennedy

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

EQUIFAX, INC.
Richard F. Smith,
American Brokers
Insurance Company
of Florida,
Barbara Lopez.

COMPLAINT

Jury Trial: Yes No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name
	<u>Edward T. Kennedy</u>
	Street Address
	<u>401 Village Rd.</u>
	County, City
	<u>Cochish, Brecksville</u>
	State & Zip Code
	<u>Pennsylvania 18031</u>
	Telephone Number
	<u>415-275-1244</u>

<u>Edward T. Kennedy</u>
<u>401 Village Rd.</u>
<u>Cochish, Brecksville</u>
<u>Pennsylvania 18031</u>
<u>415-275-1244</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name see Attachment A

Street Address _____

County, City _____

State & Zip Code _____

Defendant No. 2 Name see Attachment A

Street Address _____

County, City _____

State & Zip Code _____

Defendant No. 3 Name see Attachment A

Street Address _____

County, City _____

State & Zip Code _____

Defendant No. 4 Name See Attachment A

Street Address _____

County, City _____

State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions

Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____
- _____
- _____

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List of all Defendants. (four)

ATTACHMENT A

Equifax, Inc.
1550 Peachtree Street, N.W.
Fulton, Atlanta,
Georgia 30309

Richard F. Smith, CEO
Equifax, Inc.
1550 Peachtree Street, N.W.
Fulton, Atlanta,
Georgia 30309

American Bankers Insurance Company of Florida
11222 Quail Roost Drive
Dade, Miami
Florida 33157

Barbara Lopez, Claims Adjuster
Assurant
PO Box 979055
Dade, Miami
Florida 33197

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C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship PENNSYLVANIA

Defendant(s) state(s) of citizenship GEORGIA, FLORIDA

III. Statement of Claim:

see Attachment B for A, B, C.

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? _____

see Attachment B

B. What date and approximate time did the events giving rise to your claim(s) occur? _____

see Attachment B

C. Facts: _____

see Attachment B

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Statement of Claim

ATTACHMENT B

Bad Faith Insurance Claim and Tort

A. Where did the events giving rise to my claim occur?

Unknown exactly or precisely because Identity Theft and data breach are world wide now with the Internet. Therefore, my answer is worldwide.

B. What date and time did the events giving rise to my claim occur?

Answer: Unknown exactly and my claim filed and Notice of loss was reported to the insurer for Equifax by phone on or about October 24, 2017.

C. Facts

1. Identity fraud claim forms, expense receipts and a police report were all submitted to the Claims Adjuster by USPS Certified Mail (twice), fax and email plus a Notarized Affidavit of Claim with Exhibits.
2. The claims adjuster and Defendant, Barbara Lopez, never contacted me and never provided me with the proper form claim in a timely manner.
3. I have submitted Affidavits of identity theft to both the Internal Revenue Service at the Federal Trade Commission.
4. Equifax Corporation admitted they failed to protect my private data.
5. Defendant and Equifax, Inc. CEO Smith testified under oath on the public record before the US Congress that he was responsible for my data breach and identity theft, a breach of his fiduciary duty..
6. I am enrolled for Identity fraud and expense reimbursement and this covers the following under the Equifax TrustedID® Premier coverage, [My ID is Kennedy2018@alumni.nd.edu]:
7. Fraud or embezzlement, Theft, Forgery, Data breach, Theft, Stolen identity event with coverage limited to 1 million dollars

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IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

see Attachment C

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

see Attachment D.

Injuries

ATTACHMENT C

Loss of home.

Defense against fake lawsuits.

Loss of reputation as a Priest

Loss of reputation as a Tax Accountant.

Intentional Infliction of emotional harm.

Relief

ATTACHMENT D

1. Pay my claim, No. 00102324476 for \$893,313.00 without further delay.
2. Order amount of claim (if unpaid by the Insurer) to be paid by both Defendants Equifax and CEO Richard F. Smith.
3. Punish defendants from outrageous conduct and deter them from such outrageous conduct in the future. Award punitive damages against the insurer. Award punitive damages against CEOs Smith. Award punitive damages against Equifax Corporation.
4. Award damages based on present value of my loss of my reputation in two counties as a Roman Catholic Priest, a Sanctified Healer, and Federal Income Tax Accountant.
5. Order Damages Intentional infliction of emotional distress
6. Compensate the plaintiff for outrageous behavior by the Descendants which contributed to theft of goods, loss of primary residence and loss of reputation in two counties.
7. \$250,000 in legal fees required to defend against frivolous lawsuits.

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8. I have submitted claims to Barbara Lopez at the Defendant insurance company affiliate via email fax and United States Postal Service certified mail and I've been ignored.

9. There is no arbitration clause in the policy.

10. Defendants do not have a reasonable basis for denying me benefits under the policy.

11. Defendants recklessly disregards its lack of a reasonable basis in denying the claim. Therefore, the Defendant insurance company did not act under a reasonable basis at all times to avoid breaching standard of conduct in settling claims.

12. The primary responsibility on the part of Barbara Lopez, adjuster is to investigate the claim in a timely manner. Bad faith already occurred when the insurance carrier failed to investigate the claim or fails to perform a proper investigation.

Memorandum of Law

1. Under Pennsylvania law an insurance company must act with the "utmost good faith" and fair dealing toward its insured. *Fedas v. Insurance Co. of Pa.*, 300 Pa. 555, 558, 151 A. 285, 286 (1930).

2. This fiduciary duty is based on the contract of insurance, which mandates the carrier to promptly investigate and pay claims due under the policy. See *Romano v. Nationwide Insurance Company*, *supra*.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16th day of January, 2018.

Signature of Plaintiff Eduard T. Kennedy.

Mailing Address 401 Tillage Rd.

Breinigsville, PA

18031

Telephone Number 415 - 273 - 1244

* Fax Number (if you have one) 484 - 930 - 6051

E-mail Address Kennedy2016@alumni.nj.edu

ALUMNI.NJ.EDU

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20_____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number: _____

+ agree to fax or mail transmission.
Form signed + submitted to Clerk on 1-17-2018.
Certified